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HUMAN RIGHTS AUTHORITY-NORTH SUBURBAN REGION

REPORT 22-100-9007
STREAMWOOD BEHAVIORAL HEALTHCARE SYSTEM

Introduction and Complaint

On December 7, 2022 the North Suburban Regional Human Rights Authority opened an investigation of possible rights violations regarding care for a recipient of services at Streamwood Behavioral Healthcare System (SBHS). The recipient in this case is a child under the age of 12 years old who at the time of services was a ward of Illinois Department of Child and Family Services (DCFS), residing in a foster family home.

In this case, the child's legal guardian is the Illinois Department of Child and Family Services (DCFS), and the child's foster parents are considered the supervised placement. As such, a service provider is *not* required to involve the foster parents in the child's treatment but is required by the Mental Health and Developmental Disabilities Code to involve DCFS, the guardian.

The specific complaints under investigation and their related statutes are as follows:

1. The provider did not involve the child's guardian in treatment. (*405 ILCS 5/2-102)*
    a. Provider did not seek informed medication consent from the child's guardian.
    b. Provider did not involve child's guardian in treatment or discharge planning.
    c. Provider did not notify child's guardian for medical incidents.

2. The provider did not allow the child's guardian sufficient virtual visitation: the child was only allowed one video call with staff present. *(405 ILCS 5/2-103)*

3. The provider did not provide adequate and humane care and services, defined as services reasonably calculated to result in a significant improvement of the condition of a recipient . . . so that he or she may be released. *(405 ILCS 5/2-102)*
    a. The provider kept the child longer than necessary and kept him overly sedated.
    b. The provider medicated the child to the point of an overdose.
    c. The provider did not contact the child's school or provide him with any educational activities.

SBHS is a private, 178-bed child, adolescent, and young adult behavioral healthcare facility, operating since 1991. SBHS offers a full continuum of care for this population including inpatient stabilization, partial hospitalization day treatment, outpatient assessment and treatment, and a therapeutic day school.

Method of Investigation
To proceed with this investigation, the HRA reviewed the child's clinical record (with authorization) from the service provider and obtained additional case information through an interview with SBHS legal counsel, their director of risk management, and two physicians who had treated the recipient. The HRA received additional documentation and a statement from the educational administrator.

CASE REVIEW

Overview

The child, who was seven years old and in the second grade at the time of services, was brought to Streamwood Behavioral Healthcare System (SBHS) on Monday, October 11th at 9pm by one of his foster parents. The same day, the child's DCFS supervisor gave verbal consent to allow for assessment and medical treatment. The child was discharged on October 22nd, accompanied by DCFS.

Guardian Involvement

According to the case record, on October 12th a therapist called the child's foster mother to introduce herself, to gather information, and to schedule a virtual family therapy session. Another note in the record indicates that on October 13th the provider called the child's guardian, DCFS, to receive consent to place the child on risperidone. The case record and provider interview confirmed that the child was not started on any new medication until this consent form was received on October 15th.

On October 13th at 4pm the child was playing in the dayroom and his finger was pinched in the dayroom door. According to a progress note in the record "*[Doctor] visibly seen right ring fingernail bruised. Pt was given an icepack, did not report any pain. Will continue to monitor for any changes and complaint from patient."* This note indicates that DCFS was notified, and provider staff verified this in their interview with the HRA. The record contains an x-ray record from October 15th indicating that there was *"no acute fracture or dislocation"* to the child's finger.

Forms in the record show that on October 15th DCFS was contacted regarding the treatment plan and provided their informed consent for medication, and provider staff confirmed these details in the HRA interview. A psychiatric progress note dated October 15th indicates that a psychiatrist spoke with the child's foster mother about medication treatment planning, which was confirmed by the psychiatrist in the case interview. Family Therapy notes dated October 15th indicate that a social worker provided *"psychoeducation to patient's mother on symptoms, diagnosis, and safety concerns."*

Social work notes in the record indicate that additional contact with the foster parents occurred on October 19th, *"Returned foster mom's, call. Foster mother wanted updates on potential [discharge] date and had questions about medications. Therapist reported that she would let the doctor know."*

Another note in the record indicates that on October 19th the social worker called a DCFS caseworker to inquire about the child returning home to his foster parents. On October 22nd a note in the record indicates that prior to discharge the *"Therapist called pt's foster mother to inform her of pt's symptoms of vomiting so that they would be able to keep an eye on him when he returns home. . ."*

Guardian Visitation

The foster parents participated in a family zoom with the child and his therapist on October 15th. No other notes regarding virtual visitation appear in the record, and hospital staff told the HRA that there were no requests from the child or the foster parents to have additional virtual visitations, although those could have been easily arranged. A psychiatric note indicates that on October 19th a DCFS supervisor came to visit the child in person.

Medication Overdose

The patient began taking twice daily risperidone .25mg on October 15th. A rights restriction notice in the record from October 16th at 6pm indicates that the child was *"given Cogentin 1mg on an emergency basis for EPS [Extrapyramidal side effects]."*[1] And that DCFS was notified. A STAT Medication Progress Note from the same date/time indicates: "*Pt was crying, pt reported having difficulty with tongue, Pt's tongue was protruding and pt was drooling. Physician noticed and ordered Cogentin . . ."*

A psychiatrist note from October 21st indicates: *"Patient was on the risperidone 0.25 mg twice a day, not experiencing any EPS . . . He was given Cogentin on the 16th of this month when he did experience EPS however, he is not experiencing any EPS or dystonia from the current dosage."* On October 22nd, a doctor's discharge note indicates: *"DCFS consented for the risperidone, started and the dose of 0.25 mg twice a day however in my absence patient was reported to have EPS was given Cogentin on 16th. Patient did not have EPS with the 0.25 mg twice a day of the risperidone . . . He is not displaying any EPS. . ."*

The doctor told the HRA in an interview that he had intentionally put the child on a low dose of risperidone and never felt that the child had been over sedated or was in any danger from the medication. He also indicated that the side effects the child was treated for on October 16th were a common side effect of risperidone, and not evidence of an overdose.

Length of Treatment

An individual treatment plan dated October 11th indicates that a short-term goal was: *"Child will not engage in aggressive statements or behaviors [or in suicidal statements or behaviors] when emotionally dysregulated for 4 consecutive shifts"*. This goal was originally targeted to be reached on October 18th, and the treatment plan indicated it was achieved on October 22nd. This treatment plan indicates that another short-term goal: *"[Child] will engage in distress tolerance and self-soothing skills when emotionally dysregulated once a day for 4 consecutive shifts"* was also planned for October 18th but was achieved sooner than originally planned.

[1] *Extrapyramidal side effects (EPS),* commonly referred to as drug-induced movement disorders, are among the most common adverse drug effects patients experience from antipsychotic medicines.

Detailed notes in the record describe the therapeutic services provided to the child throughout his time in care: He received individual therapy on October 12th and 15th, and he participated in therapeutic process and expressive therapy (including art and recreation therapies) groups daily from October 12th – 21st. On October 22, the child was discharged and picked up at the hospital by DCFS.

Educational Activities

The record contains Streamwood's "In-patient Education School Contact Sheet" dated October 13th, at 7am faxed by Streamwood's Education Coordinator to DCFS to request communication with the recipient's school. A fax cover sheet in the record documents the fax was successfully received by the school, although according to a statement from the Hospital Education Coordinator she "*never got the paperwork back [from the school] (which is very common).*"

The provider told the HRA that the child was given school day education instruction by a licensed (Illinois Professional Educator License) and credentialed educator. The provider sent the HRA samples of the grade-appropriate educational worksheets that the child was given, and also sent Weekly Educational Progress Reports from October 11th – October 15th and October 18th – October 21st . These indicate that the first week the child was acting out or not engaged in the educational activities, and the second week he participated in the educational activities with little redirection needed.

POLICY REVIEW

The HRA reviewed relevant policies from Streamwood Behavioral Healthcare System in the areas of inpatient education, visitation, medication consent, and treatment and discharge planning, all of which were well aligned with the Mental Health and Developmental Disabilities Code.

FINDINGS

1. The provider violated 4*05 ILCS 5/2-102 by* not involve the child's guardian in treatment - ***Unsubstantiated***
    a. Provider did not seek informed medication consent from the child's guardian. ***Unsubstantiated***
    b. Provider did not involve child's guardian in treatment or discharge planning. ***Unsubstantiated***
    c. Provider did not notify child's guardian for medical incidents. ***Unsubstantiated***

2. The provider violated *405 ILCS 5/2-103* by not allowing the child's guardian sufficient virtual visitation: the child was only allowed one video call with staff present. ***Unsubstantiated***

3. The provider did not provide adequate and humane care and services, defined as services reasonably calculated to result in a significant improvement of the condition of a recipient . . . so that he or she may be released. *(405 ILCS 5/2-102)* ***Unsubstantiated***
    a. The provider kept the child longer than necessary and kept him overly sedated. ***Unsubstantiated***

b. The provider medicated the child to the point of an overdose. ***Not enough information to substantiate***

c. The provider did not contact the child's school or provide him with any educational activities. ***Unsubstantiated***

ANALYSIS

As mentioned in the introduction, in this case, the child's legal guardian is the Illinois Department of Child and Family Services (DCFS), and the child's foster parents are considered a supervised placement. The hospital was required by the Mental Health and Developmental Disabilities Code to involved DCFS in the child's treatment, but *not the foster parents*. The hospital did not seek out the foster parents' consent for medication or have them sign off on the treatment or discharge plans, however the hospital was not statutorily compelled to do so. There is evidence throughout the record and from provider testimony that DCFS was adequately involved in admission, treatment planning, medication consent, and discharge, and that the provider adequately contacted DCFS, as the child's guardian, whenever it was required by code or their own policies. There is evidence throughout the record and from provider testimony that the foster parents were also involved in the treatment and discharge planning, and the provider told the HRA that they always try to keep foster parents "in the loop" even though they are not required to do so. Staff said that they had followed protocol in primarily contacting DCFS and occasionally contacting the foster parents, and were unaware that there were issues with the foster parents feeling left out of treatment planning.

Regarding the complaint that the child was overly medicated to the point of an overdose, there is evidence from the record that he was treated for extra pyramidal side effects on one occasion, and the provider treatment team informed the HRA that EPS can be a common effect of risperidone. The HRA does not have the authority to make clinical determinations on the appropriateness of medication and dosages. Given the fact that risperidone is a frequently prescribed second-generation antipsychotic for children and that the child was kept on risperidone with no further issues, the HRA did not find that there was enough information to substantiate or unsubstantiate the complaint that the child was overly medicated to the point of an overdose.

Regarding the complaint that the child was kept longer than necessary and was kept overly sedated, the HRA does not have the authority to make clinical decisions, however the case notes indicated that the child was receiving active treatment interventions daily and was making steady progress towards discharge goals. There is nothing in the record or from the doctor's testimony in the HRA interview to indicate that the child was kept longer than necessary or was overly sedated.

Regarding the complaint that the child's school was never contacted, the HRA found evidence that the provider did contact the school, although the provider did not hear back from the school. This investigation found evidence that the provider adhered to its own educational policies when treating the child. In any case, the Mental Health and Developmental Disabilities Code does not include mandates on education for minors. The Special Education Regulations in Ill. Admin. Code tit. 23, § 226.300 - Continuum of Alternative Placement Options indicates that each local school district shall ensure that a continuum of placements is available to meet the needs of children with

disabilities for special education and related services. However, these regulations and codes apply to a public school district, and not to a hospital provider of educational services.